

**LEGISLATIVE SERVICES AGENCY
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FISCAL IMPACT STATEMENT

LS 7335

BILL NUMBER: SB 406

NOTE PREPARED: Jan 26, 2015

BILL AMENDED:

SUBJECT: Prescription for an Overdose Intervention Drug.

FIRST AUTHOR: Sen. Merritt

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: ☒ **GENERAL**
☒ **DEDICATED**
☒ **FEDERAL**

IMPACT: State & local

Summary of Legislation: This bill allows specified health care professionals with prescriptive authority to dispense or write a prescription for an overdose intervention drug (naloxone) without examining the individual to whom it may be administered if specified conditions are met.

The bill allows for an individual who is a family member, friend, or other individual in a position to assist another individual who, there is reason to believe, is at risk of experiencing an opioid-related overdose, to obtain and administer an overdose intervention drug if certain conditions are met.

The bill also provides for civil and criminal immunity.

Effective Date: July 1, 2015.

Explanation of State Expenditures: The bill would require revisions or promulgation of rules by the Medical Licensing Board, State Board of Nursing, and the Board of Pharmacy to reflect the provisions of the bill in the prescribing and dispensing rules. The rule adoption process is considered to be a core function of the Professional Licensing Agency (PLA) and should be accomplished within the current level of resources available to the PLA.

The bill allows intranasal or autoinjector administration of naloxone to be prescribed or dispensed to trained individuals who would be administering it to an individual who may be at risk of overdosing on an opioid drug. The intranasal form of naloxone costs about \$40 to \$50. The FDA-approved autoinjector costs approximated \$600. The bill does not address who the payer will be for the drug. Naloxone is a covered drug for Medicaid and the state employee health Plans. If a prescription is written for one person covered by a

benefit plan, it is not clear whether that plan will provide payment for a product intended for use by a third party who may or may not be covered by that benefit plan. The cost to Medicaid and to the state employee health plans would depend on how this situation is treated and the extent of the third party prescribing for the two products.

Explanation of State Revenues:

Explanation of Local Expenditures: [See *Explanation of State Expenditures*.]

Explanation of Local Revenues:

State Agencies Affected: Professional Licensing Agency and potentially Family and Social Services Administration (FSSA) and the State Personnel Department.

Local Agencies Affected: Local units of government offering employee health insurance benefits.

Information Sources: FSSA, State Personnel Department, GoodRX.com, and “Naloxone, a Drug to Stop Heroin Deaths, is More Costly, Police Say,” New York Times, November 30, 2014, at: http://www.nytimes.com/2014/12/01/nyregion/prices-increase-for-antidote-to-heroin-overdoses-used-by-police.html?_r=0

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